REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Patent Number	6,948,003		
Issue Date	September 20, 2005		
First Named Inventor	Peter Newman		
Application Serial No.	09/526,980		
Filing Date	March 15, 2000		
Attorney Docket Number	21816-04467		

10:	P.O. Box 1450 Alexandria, VA 22								
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.									
The rea	sons for this reques	st are:							
The client knowingly and freely assents to termination of the employment.									
				•					
1. 🔲	1. The correspondence address is NOT affected by this withdrawal.								
2.									
Firm <i>or</i> Individua	al Name	Perkins Coie LLP							
Address	3	1899 Wynkoop Street, Suite 700							
Address	3								
City		Denver	State	СО	Zip	80202-1043			
Country		US							
Telepho	Telephone 303-291-2300		Fax	303-291-2400					
 ☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number 00758 on whose behalf I have signed this request and on whose behalf I am authorized to sign. 									
Name		Sabra-Anne R. Truesdale, Reg. No. 55,687							
Signatui	re	/Sabra-Anne R. Truesdale/							
Date		August 3, 2007							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									